

**CERTIFIED HORSEMANSHIP ASSOCIATION  
CHA**

4037 Iron Works Parkway, Suite 180  
Lexington, KY 40511

**Phone** (859) 259-3399  
**Fax** (859) 255-0726  
**Toll Free** (800) 399-0138

**CLINIC INSTRUCTOR and ASSISTANT CLINIC INSTRUCTOR  
RECERTIFICATION STANDARDS**

To retain the Clinic Instructor OR Assistant Clinic Instructor rating, a person must meet **four** of the following requirements within their three year certification period. **Requirements one, two, and three are mandatory.** Clinic Instructors and/or ACIs who have completed the four requirements, and have filed for recertification, will thereby extend their rating for three additional years. Failure to meet the requirements, and/or file for recertification, will result in a Clinic Instructor's rating being lowered to Assistant Clinic Instructor. An Assistant Clinic Instructor would be lowered to the Master Instructor rating.

*Membership must be current to receive recertification. A recertification fee of \$50.00 must be enclosed.*

**Requirements**

1. \*Teaching or directing at least **2** Instructor Certification, Trail, Combined, Seasonal or Disabilities Instructor Certification clinics.
2. \***25** Documented hours of Continuing Education in horsemanship or teaching. These could include college level courses, major horsemanship clinics, courses offered by extension offices, etc. They do not have to be for credit, or taught by a college. (Documentation of *full participation* must be sent with the recertification application.)
3. \*Current CPR and First Aid certification. Documentation **with expiration date clearly visible**, must be sent with the application.
4. Participation in workshops at a CHA International Conference.
5. Participation in CHA workshops or Regional Conferences.
6. Active involvement in teaching riding, conducting trail rides, and/or managing a riding program or stable with instructional riding, during the 3 year period. (This could have been seasonal, or year around.) Documentation must be sent with the recertification application.

\* mandatory requirements.

**Documentation** could be a written reference from an employer, your business card, letterhead or advertising, a completion of course certificate, receipt or canceled check.

**The Application for CI/ACI Recertification** (on the back of this form) must be filed with documentation and your **recertification fee** of \$50.00), **before** your certification expiration date. (CED) You must also file the **health history** form when applying for recertification.

**Filing for extension:** Clinic Instructors and/or ACIs can file for a *one time*, one year extension to apply for recertification. Contact the office for details.

Application date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_

I have completed at least **four** of the following requirements, within my certification period, prior to my expiration date.

Please check all that apply.

\_\_\_\_\_ \* 1. Teaching or directing at least **2** Instructor Certification, Trail, Combined, Seasonal, or Disabilities Instructor Certification clinics

Site: \_\_\_\_\_ Dates: \_\_\_\_\_

Site: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ \*2. **25 Hrs.**Continuing Ed. in horsemanship or teaching (Enclose documentation)

\_\_\_\_\_ \*3. Current CPR and First Aid certification (Enclose documentation)

\_\_\_\_\_ 4. Participation in workshops at a CHA International Conference

Place: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ 5. Participation in CHA workshops or Regional Conferences

Place: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ 6. Active involvement in teaching riding, conducting trail rides, and/or managing a stable with instructional riding (Enclose documentation)

\* **Requirements #1, #2, #3 are mandatory**

Four **different** requirements must be met to receive recertification. Documentation, along with this application and the health history form, must be filed with the CHA office prior to your expiration date. Current year dues must be paid plus \$50.00 fee to receive recertification or an extension.

*Please send all information to: CHA, 4037 Iron Works Parkway, Ste 180, Lexington, KY 40511  
Please allow 4 weeks to receive notification of your recertification.*

-----Office use only-----

**Approved by CHA Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Comments:*